

Case Number:	CM15-0088702		
Date Assigned:	05/12/2015	Date of Injury:	10/10/2013
Decision Date:	06/16/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Chiropractic

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female, who sustained an industrial injury on 10/10/13. She reported neck, low back, left hip and right knee injuries. The injured worker was diagnosed as having cervical, thoracic and lumbar spine strain, cervical radiculopathy, lumbar radiculopathy, bilateral shoulder rotator cuff tendinitis and impingement syndrome, internal derangement of knee, chondromalacia of right knee, degenerative joint disease of lumbar spine, status post left shoulder operative arthroscopy with arthroscopic rotator cuff debridement, bilateral carpal tunnel syndrome and status post right knee arthroscopy with partial anterior cruciate ligament debridement. Treatment to date has included left shoulder surgery, right knee surgery, physical therapy, oral medications and chiropractic treatment. Currently, the injured worker complains of mild left shoulder pain, unchanged from previous visit. Physical exam noted tenderness to palpation of upper, mid and lower paravertebral and trapezius muscles and increased pain with range of motion on exam of cervical spine; tenderness to palpation of upper mid and lower paravertebral muscles of thoracic spine is noted with mild limitation of motion and left shoulder exam noted mildly tender, well healed arthroscopic incisions with no signs of infection and no tenderness to palpation of AC joint. Physical exam of lumbar spine noted tenderness to palpation in the upper, mid and lower paravertebral muscles with limited range of motion and exam of right knee revealed well healed, mildly tender arthroscopic incisions with limited range of motion. A request for authorization was submitted for continued choir/physiotherapy for left shoulder, 12 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Additional Post-Operative Chiropractic/ Physiotherapy, Left Shoulder, quantity 12:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Shoulder Section.

Decision rationale: Per the records provided for review, the patient has completed an unclear total number of post-surgical aqua therapy, chiropractic and physical therapy sessions. The patient has undergone left shoulder arthroscopic rotator cuff repair surgery. The MTUS Post-Surgical Treatment Guidelines recommend 24 sessions of post-surgical physical medicine treatments over 14 weeks. Manipulation falls under the physical medicine treatment category along with occupational and physical therapy. Per the records provided 6 sessions of post-op chiropractic care and 12 sessions of aquatic therapy have been completed. The number of physicals therapy sessions has not been clearly documented. Since the completed number clearly documented in the records is under 24, additional visits per The MTUS Post-Surgical Treatment Guidelines are warranted. I find that the 12 additional post-op chiropractic sessions to left shoulder is medically necessary and appropriate.